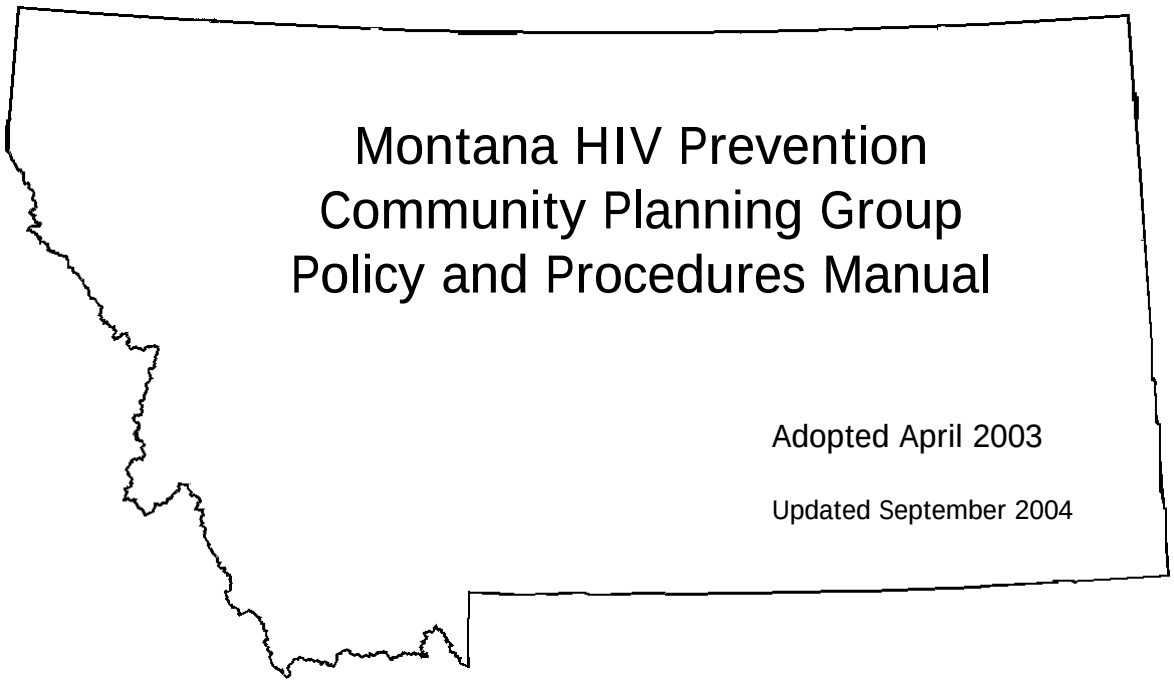

Montana HIV Prevention Community Planning Group Policy and Procedures Manual

Adopted April 2003

Updated September 2004

Montana HIV Prevention Community Planning Group
Policies and Procedures Manual

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Introduction

The HIV Prevention Community Planning Group (CPG) is a group of people working together who are concerned about the spread of HIV/AIDS in Montana. Using the most recent information about the infection trends and the people impacted, the CPG chooses the most effective ways to prevent the spread of HIV/AIDS. Members and others participate in committees and workgroups to create The Montana Comprehensive HIV Prevention Plan. The Department of Public Health and Human Services, STD/HIV Prevention Section, hereinafter referred to as 'Department', uses the Plan as a guide to write the annual funding continuation application.

The CPG Policies and Procedures Manual provides detailed information about the CPG and how it operates. The CPG adheres to its Bylaws for the governing of its members and the regulation of its affairs. The HIV Prevention Community Planning Guidance defines the Centers for Disease Control and Prevention's (CDC) expectation of health departments and HIV prevention community planning groups in implementing HIV prevention community planning.

The CPG Policies and Procedures Manual may be amended or revised based on recommendations of CPG members. Changes will be submitted to the co-chairs or planning coordinator who will refer them to the appropriate committee for consideration and recommendation to the CPG.

All CPG members receive a copy of this Manual. Copies may be obtained by contacting the Montana Department of Public Health and Human Services STD/HIV Prevention Section, Helena, MT, (406) 444-3565.

SECTION I

GOVERNANCE

Section I: Governance

A. Conflict of Interest Disclosure *[Bylaws, Article II – Section 4]*
All members sign, upon appointment to the CPG, the Conflict of Interest Disclosure Form (Appendix B).

1. Completed forms shall be kept on file at the Department STD/HIV Prevention Section office and made available for public inspection.

2. CPG members shall review and update their information on an annual basis, or as otherwise precipitated by a change in employment, Board service, consultative relationship, or other status.

3. All CPG members are encouraged to identify conflict of interest or request a review of a potential conflict of interest of another member.

4. In the event of a conflict of interest or during the period of review of identified conflict of interest, the member(s) may participate in the discussion of the matter in conflict/question but shall abstain from the call for consensus on that matter.

5. All concerns regarding conflict of interest shall be recorded in the CPG meeting minutes and referred to the Executive Committee for review.

6. Based on the Committee's recommendation, the full CPG shall take whatever action it deems appropriate assuring compliance with CPG policy.

B. Confidentiality of Information [*Bylaws, Article II – Section 4*]
All CPG members sign the Certification Regarding Confidentiality of Information form. (Appendix C)

1. Completed Certifications shall be kept on file at the Department STD/HIV Prevention office and made available for public inspection.

2. All CPG members shall review and renew their Certifications on an annual basis at the first CPG meeting of the year.

3. All concerns regarding confidentiality issues shall be referred to the Executive Committee for review

C. Decision-making Process *[Bylaws, Article IV – Section 4]*

Decisions, with the exception of the election of the community co-chair, are determined by consensus of all members present.

1. Steps in forming the proposal or clarifying the issue for a decision are:

    a. A proposal/issue for resolution is put forward.

    b. Modify the proposal/issue through discussion or withdraw it if it seems to be a dead end.

    c. Articulate differences and concerns clearly during the discussion.

    d. All CPG members are responsible to propose alternative suggestions/solutions to address minority considerations as needed.

    e. Allow public comment within the allocated time during the discussion.

    f. When the proposal seems to be well understood by everyone and there are no new changes asked for, the co-chair or designee will call for consensus by stating the proposal three (3) times.

    g. Record the decision in the meeting minutes.

    h. Consider a vote if consensus is blocked and no new consensus can be reached.

    i. When a vote is taken, the decision will be passed with a 2/3 majority of members present.

    j. Only members are allowed to vote.

D. Roles in the Consensus Process

1. The co-chair or designee will direct the process by:

    a. Setting a time frame and keeping the discussion moving,

    b. Focusing discussion to the point-at-hand,

    c. Assuring everyone has the opportunity to participate, and

    d. Formulating and testing the proposal to see if consensus has been reached.

2. When an outside facilitator (non-member) directs the process, he/she must never make a decision for the group and must remain neutral in behavior and attitude.

E. Conflict Resolution *[Bylaws, Article III, Section 6]*
Specific conflict resolution procedures are available.

1. The Membership Appointment Conflict Resolution Procedure is used to resolve conflicts with the Department Director's concern about an individual selected for membership (Appendix D).

2. The Internal Membership Conflict Resolution Procedure is used to resolve conflicts resulting from the Membership Committee's action or inaction (Appendix E).

3. Conflicts that arise among members during the business of the CPG, its committees or workgroups shall be addressed as follows:

   a. The parties involved shall make every effort to resolve the conflict themselves.

   b. If conflicts cannot be resolved, either party may request assistance from a co-chair through involvement of the Executive Committee or revert to State policy regarding Advisory Council requirements. (Examples: sexual harassment, alcohol/drug use, etc.)

F. CPG Meeting Agenda

1. The CPG meeting agenda, with date(s), time, and location shall be available to members and all interested parties not less than thirty-days (30) before the meeting.

G. CPG Meeting Attendance *[Bylaws, Article III, Section 7]*

1. Members shall not be absent from more than one CPG meeting per year unless there are extenuating circumstances.

2. The Membership Committee has responsibility for reviewing attendance records and notifying the Executive Committee of a member's lack of attendance.

3. Standing committee/workgroup members are expected to participate to the full extent possible to assure committee/workgroup tasks are completed

H. Member Dismissal and Resignation *[Bylaws, Article III, Section 10]*

1. Standards of participation of members are necessary to ensure an effective and efficient community planning process. Should members be unable to fulfill their roles and responsibilities on the CPG, this policy outlines options for discontinuing membership.

2. Should a CPG member wish to resign from the CPG, they should submit their resignation in writing to the CPG co-chairs or planning coordinator.

    a. The letter should contain the date the resignation takes effect and reasons for resigning.

    b. The CPG co-chairs shall hold exit interviews. Refer to Appendix F for sample exit interview questions. The planning coordinator shall record the exit interviews.

3. CPG members may be dismissed or asked to resign from the CPG for "failure to fulfill their responsibilities". These responsibilities are outlined in the Policy and Procedures Manual Section II: Role and Responsibilities. The procedure for member dismissal is as follows:

    a. The CPG co-chairs will meet to discuss the member and the current situation.

    b. The CPG co-chairs will contact the member either by phone or in person to let them know that they are going to discuss the situation with the Executive Committee and Membership Committee chair.

    c. The Executive Committee, CPG co-chairs and the Membership Committee chair will discuss the concerns referring to the member. They will either make a decision or schedule a call with the member to further discuss the situation.

    d. The decision will be conveyed to the member verbally and in writing.

    e. Should the Executive Committee, CPG co-chairs and the Membership Committee chair determine that a CPG member is not fulfilling their responsibilities, they shall recommend to the director of DPHHS that the member's appointment to the CPG be revoked.

SECTION II

ROLES AND RESPONSIBILITIES

Section II: Role and Responsibilities

This section outlines the role and responsibilities of all members, the Montana Department of Public Health and Human Services (hereinafter referred to as 'Department'), and the public.

A. CPG Members' Role *[Bylaws, Article III]*

Members represent their community by facilitating communication between the CPG and their community. The CPG communities are (listed alphabetically):

1. Heterosexual
2. HIV – Positive
3. IDU (Injecting Drug Users)
4. MSM (Men Who Have Unprotected Sex With Men)
5. Native American
6. Prevention Services Contractors

B. CPG Members' Responsibilities

A CPG member's responsibilities are:

1. Commit to a three-year term with the option of submitting an application to be considered for an additional term,

2. Attend all annual meetings in their entirety unless there are extenuating circumstances,

3. Participate on a standing committee or workgroup unless there are extenuating circumstances,

4. Participate in all decision-making and problem solving issues at the committee and CPG level,

5. Be prepared by reviewing all meeting minutes and materials,

6. Ask questions about issues that aren't clear,

7. Be prepared to offer solutions in an effort to reach consensus,

8. Create a comprehensive HIV prevention plan intended to improve the effectiveness of Department's HIV prevention programs,

9. For the concurrence process, review the Department's funding application and compare it to the current Comprehensive HIV Prevention Plan to assure the priorities addressed are identified in the application.

10. Authorize the co-chairs to write the letter to concur, not concur, or concur with reservations that the application is consistent with the current Plan.

11. Protocol for outside communications:
    CPG members must qualify their statements by first stating that they are speaking as "individual" CPG members and their comments may not necessarily reflect the "official" CPG or Department position on a particular issue,

12. Protocol for communication with the media:
    CPG members must refer media inquiries to the CPG co-chairs.

13. State appointed CPG members shall conduct themselves in a manner that reflects positively on the CPG.

C. Community and Department Co-chairs' Role and Responsibilities
[Bylaws, *Article III- Section 8*]
In addition to a member's responsibilities listed above, CPG co-chairs include the following:

1. Plan and preside over all CPG meetings,

2. Co-chair the Executive Committee,

3. Attend the annual HIV Prevention Community Planning Leadership Summit,

4. Review CPG meeting minutes and ensure they accurately reflect the discussions and decisions made,

5. Ensure the development and review of timelines for the CPG's work,

6. Participate as member of all standing committees,

7. Guide the conflict resolution process,

8. Represent the CPG when preparing the letter of concurrence, non-concurrence, or concurrence with reservations, to accompany the Department's funding application, and

9. Represent the CPG on official CPG business

D. Co-chair Elect Role and Responsibilities
In addition to a member's responsibilities listed above, the co-chair elect's responsibilities include the following:

1. Attend the annual HIV Prevention Community Planning Leadership Summit,

2. Assume the role and responsibilities of the community co-chair if he/she is unable to serve or be present at meetings, and

3. Participate on all standing committees.

E. Past Community Co-chair Role and Responsibilities
In addition to a member's responsibilities listed above, the past community co-chair's responsibilities include the following:

1. Mentor the co-chair elect,

2. Provide historical guidance as needed,

3. Serve in the absence of both the co-chair and the co-chair elect, and

4. Serve as a member of the Executive Committee and other standing committees as needed.

F. Planning Coordinator Role and Responsibilities:
In addition to a member's responsibilities listed above, the planning coordinator's responsibilities include the following:

1. Assist the CPG in the creation of the Comprehensive HIV Prevention Plan,

2. Provide coordination and informational services to CPG members, local and state agencies, communities, community-based organizations, and the public regarding community planning,

3. Provide and distribute minutes of all CPG meetings, standing committee meetings, and other communication as needed,

4. Coordinate logistics of all CPG, standing committee, and workgroup meetings,

5. Write the annual funding application utilizing the Plan and assure compliance with state and federal requirements,

6. Coordinate CPG technical assistance needs and associated committees and workgroups,

7. Assure all CPG meetings are advertised in accordance with Department policy and procedures, and

8. Maintain a “special interest” mailing list containing the names and addresses of individuals/agencies interested in receiving notice of CPG meetings and happenings.

G. Department Role and Responsibilities

The Department STD/HIV Prevention Section has the responsibility for the administration of HIV prevention programs and assisting the CPG with its tasks.

1. Assure the funding application complies with state and federal requirements and adheres to the Comprehensive HIV Prevention Plan,

2. Assess resource allocations and prepare the annual budget with input by the CPG Budget Committee,

3. Assure an HIV prevention epidemiological profile and community HIV prevention services assessments are available for planning purposes,

4. Assure an evaluation of the community planning process occurs,

5. Process reimbursements for CPG members’ participation at authorized meetings, conferences, etc.,

6. Provide budget reports, prevention services contractors’ reports, CDC updates and other information as needed for planning purposes,

7. Submit all CDC required reports and funding application by the stated deadlines,

8. Retain copies of comprehensive HIV prevention plans, needs assessments, resource directories, and CPG, committee, and workgroup meeting minutes in accordance with Department retention policy. Copies are available to the public upon request, and

9. Provide the community co-chair with relevant equipment necessary to perform his/her responsibilities as needed. The equipment will be returned to the Department at the end of his/her term.

H. Members of the Public

The CPG encourages community participation in the planning process. Members of the public shall:

1. Speak during the CPG meeting public comment period (s) and participate in community forums, surveys, meetings, etc., and

2. Shall not participate in the call for consensus nor the election of the community co-chair.

SECTION III

STANDING COMMITTEES AND WORKGROUPS

Section III: Standing Committees and Workgroups

A. Standing Committee Composition *[Bylaws, Article V]*

1. Each standing (permanent) committee will be comprised of members; one representative from each community and CPG co-chairs. Each community will determine representation for each committee.

2. Annually, each community will select one member to represent them on each standing committee. The community member not on a standing committee may choose to participate as an observer on a committee of his/her choice but is not required to do so. He/She should participate on a workgroup unless there are extenuating circumstance.

B. Standing Committee Term

1. Committee members serve a one-year term beginning at the first CPG meeting of the year, and

2. If the selected member is not able to participate, his/her primary community will meet to designate another member.

C. Number and Name of Standing Committees
The CPG has four (4) standing committees:

1. Executive Committee
2. Budget Committee
3. Membership Committee
4. Effective Interventions Committee

D. Standing Committee Operating Principles
Community members will meet to:

1. Select a chair and chair alternate,

2. Determine chair responsibilities,

3. Determine tasks, timelines, and responsibilities,

4. Set up communications process (e.g., phone tree), and

5. Identify and request technical assistance as needed.

E. Committee Chair Responsibilities

Suggested chair responsibilities are:

1. Facilitate committee meetings,

2. Develop meeting agenda, and

3. Monitor representation from all CPG communities.

F. Executive Committee's Role and Responsibilities

1. Execute authority on the CPG's behalf to address its functions and requirements, etc., and to deal directly with the Department in the intervals between scheduled meetings,

2. Determine the annual CPG tasks/timelines and responsibilities,

3. Prepare the meeting agenda,

4. Provide CPG orientation to new members as needed,

5. Determine TA needs and source(s),

6. Assist in implementing the evaluation of the community planning process,

7. Administer the Membership Appointment Conflict Resolution Procedure and the Internal Membership Conflict Resolution Procedure as needed,

8. Identify solutions for unresolved issues and conflicts upon request, and

9. Review conflict of interest and confidentiality concerns and recommend action(s) required.

G. Budget Committee's Role and Responsibilities

1. Execute authority on the CPG's behalf to provide input in the preparation of the annual budget,

2. Solicit input regarding possible prevention projects and effective interventions for use of either Carry Forward funds and/or Supplemental Funds when available,

3. Prioritize funding of prevention projects and effective interventions and determine appropriate allocations per project as required by the CDC for Carry Forward or Supplemental Funds. If necessary, execute authority on the CPG's behalf to make funding recommendations to the Department, and

4. Recommend an appropriate funding application process (RFP, Bid Proposals, and/or Direct Award) for projects and effective interventions.

H. Membership Committee's Role and Responsibilities

1. Execute authority on the CPG's behalf to select members,

2. Maintain and define the membership criteria application criteria

3. Assess and implement a recruiting process to fill positions as necessary,

4. Review term records,

5. Review and revise as needed, the membership application form and criteria,

6. Review CPG meeting and standing committee attendance records,

7. Periodically review membership composition to ensure continued PIR (parity, inclusion, representation) as required,

8. Identify and fill vacancies within 90 days, and

9. Request nominations and coordinate the annual community co-chair election.

I. Effective Interventions Committee Role and Responsibilities

1. Review the requirements for determining target at-risk populations and interventions,

2. Conduct a literature review of effective interventions and research trends in target population high-risk behaviors,

3. Select/Write effective interventions for each target population, and

4. Assist the CPG in the selection and prioritization of effective interventions for each target population.

J. Workgroups *[Bylaws, Article V, Section 2]*

1. Workgroups are task driven, working until the task is completed and then disbanded.

2. Workgroups will be comprised of members and non-members based on experience, interest, and expertise.

3. The workgroup will:

   a. Select a chair and chair alternate, and

   b. Determine chair responsibilities (refer to committee chair responsibilities in Section III, E.)

SECTION IV

COMMUNITY CO-CHAIR ELECTION AND MEMBERS' TERMS

Section IV: Community Co-chair Election and Members' Terms

A. Community Co-chair Election *[Bylaws, Article III, Section 8]*

1. A CPG member is elected by the membership to serve as community co-chair.

2. Any member, except the Department co-chair and the HIV prevention planning coordinator, may serve as the community co-chair.

3. A CPG member must have been a member for at least one year to be nominated.

4. CPG members shall receive nomination forms and a list of eligible members at least two months before the election is held.

5. Members can nominate more than one member.

6. The election is held at the fourth CPG meeting of the year.

7. Members must contact the person they nominate and get his/her agreement before they place his/her name in nomination.

8. The election is conducted by written ballot.

9. Only CPG members are allowed to vote.

10. The prevailing candidate must receive a majority of the votes of the CPG members present.

11. In the event of a tie, another vote will be taken.

12. An announcement of the prevailing candidate will be made at the meeting.

13. The community vacancy created by the election of the community co-chair will be filled by application, community specific, within 90 days.

B. Nominee Requirements

1. Each nominee shall prepare a statement that includes the following elements for presentation before the CPG.

    a. Brief biography,

b. Statement of qualifications, and

c. Why they want to be community co-chair.

C. Community Co-chair Term

1. The community co-chair's three-year term will be served as: Year one as community co-chair elect, Year two as the active community co-chair, and Year three as the past community co-chair.

2. Each term's start date is the first day of the year following his/her election and the end date is the last day of the third year.

D. Members' Terms *[Bylaws, Article III]*

1. Members shall serve a three-year term.

2. Terms are staggered within each community.

3. When a member's term expires, he/she must submit an application to be considered for another term.

4. Midterm vacancies will be filled by application, community specific, within 90 days.

5. Each term's start date is the first day of the calendar year of appointment; the end date is the last day of the third year.

SECTION V

REIMBURSEMENTS

Section V: Reimbursements

A. Reimbursement Policy

Each CPG member will be reimbursed for expenses directly related to attending CPG meetings and all CPG related meetings such as face-to-face standing committee meetings and/or workgroup meetings.

1. Reimbursed expenses are:

    a. Travel (mileage at current State rate or airline/bus, whichever is cheaper)

    b. Lodging (current State rate) of one or two nights depending on circumstances, such as weather.

    c. Meals (per current State rates/timetable)

2. Members must complete and submit the STD/HIV Prevention Section Travel Expense Worksheet.

3. Members needing assistance with travel must contact the agency in their area two-weeks prior to travel. (CPG Member Travel Assistance Policy – Appendix L)

4. Members cannot claim meeting expenses if the expenses are claimed and covered through employment or another source.

B. Stipend Policy

Members are eligible to receive a stipend for CPG meeting attendance only if their employer or other source does not cover this cost.

1. The amount of the stipend is $25 per day per CPG meeting.

2. The stipend will not be paid for a partial day's attendance unless there are extenuating circumstances.

3. Members cannot receive stipends for conference calls.

APPENDIX

Appendix A	Bylaws
Appendix B	Conflict of Interest Disclosure Form
Appendix C	Certification Regarding Confidentiality of Information
Appendix D	Membership Appointment Conflict Resolution Procedure
Appendix E	Internal Membership Conflict Resolution Procedure
Appendix F	Membership Application Announcement and Form
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Appendix L	CPG Member Travel Assistance Policy

APPENDIX A

BYLAWS

MONTANA HIV PREVENTION COMMUNITY PLANNING GROUP BYLAWS

Adopted February 7, 2003

ARTICLE I – Name and Location

Section 1: The name of the organization shall be the Montana HIV Prevention Community Planning Group (CPG).

Section 2: The Headquarters shall be located in the Montana Department of Public Health and Human Services (DPHHS), Helena.

ARTICLE II – Guiding Principles

Section 1: The CPG is organized for the purpose of creating a comprehensive HIV prevention plan intended to improve the effectiveness of the DPHHS HIV prevention programs.

Section 2: The mission of the CPG is to reduce the number of Montanans who become HIV positive or re-infected with HIV.

Section 3: The CPG is an advisory council to the DPHHS under Montana Statute (MCA 2-15-122).

Section 4: All appointed members sign a Conflict of Interest statement. Conflict of interest occurs when:

a. A member (or relative or partner, etc.) has a financial interest, or appears to have a financial interest, in the outcome of a decision,

b. A member has an affiliation that implies or suggests influence over the outcome of a decision, or

c. A member uses threats or coercion to influence the conduct of the CPG.

Section 5: All appointed members sign a confidentiality statement acknowledging the confidential nature of some discussions in the community planning process.

Section 6: The Executive Committee will address conflict of interest occurrences and confidentiality issues.

ARTICLE III – Membership

Section 1: Membership shall consist of applicants selected by the Membership Committee who are subsequently appointed by the DPHHS Director.

Section 2: Number of Members

The CPG shall consist of thirty-five (35) members; five from each of the six Communities, three community co-chairs (past, current, and elect), one Department appointed co-chair, and the HIV prevention planning coordinator.

Section 3: Member Community Affiliation

The six Communities (listed alphabetically) are:

a. Heterosexual
b. HIV Prevention Services Providers
c. HIV-Positive
d. IDU (Injecting Drug Users)
e. MSM (Men Who Have Unprotected Sex With Men)
f. Native American

Section 4: Membership Application

a. Interested individuals must complete and submit an application to the CPG Membership Committee.

Section 5: Terms

a. Members shall commit to a three-year term with the option of submitting an application to be considered for additional terms.

Section 6: Membership Conflicts

Conflicts with the membership selection process will be resolved by either of the following procedures:

a. Membership Appointment Conflict Resolution Procedure

b. Internal Membership Conflict Resolution Procedure

Section 7: Member Participation Responsibilities

a. Members shall not be absent from more than one meeting per year (unless there are extenuating circumstances).

b. The Executive Committee will contact members who miss more than one scheduled meeting to assess extenuating circumstances and their ability to remain active members.

c. Members are encouraged to serve on a standing committee and/or workgroup.

d. Members are encouraged to serve on only one standing committee.

e. Members may serve on more than one workgroup.

Section 8: CPG Leadership

Four co-chairs guide the CPG; three community co-chairs and one Department appointed co-chair.

a. Community Co-chair

1) The CPG elects the community co-chair.

2) Any member, except the Department co-chair and the HIV prevention planning coordinator, may serve as the community co-chair.

3) The community co-chair's three-year term is: Year one as community co-chair elect, Year two as the active community co-chair, and Year three as the past community co-chair.

b. Department Co-chair

1) The STD/HIV Prevention Section Supervisor in collaboration with the Communicable Disease Control and Prevention Bureau Chief recommends a Bureau employee to the DPHHS Director for appointment as the DPHHS co-chair.

c. Co-chair Shared Responsibilities

1) Plan and preside over all CPG meetings.

2) Chair the Executive Committee.

3) Member of all standing committees.

4) Liaison for the HIV Treatment Statewide Planning Committee (SPC).

5) Draft the letter of concurrence/nonconcurrence on behalf of the CPG for inclusion with the DPHHS annual funding application.

Section 9: Vacancies

The Membership Committee will identify vacancies and make recommendations to the DPHHS Director to fill them.

Section 10: Resignations

Resignations shall be submitted in writing to the CPG co-chairs.

ARTICLE IV – Meetings

Section 1: There will be four (4) meetings each year convened at a central location. CPG meetings shall be open to the public.

Section 2: The date, time, and location of annual meetings shall be set at the third meeting for the following calendar year.

Section 3: Quorum: A simple majority of appointed members.

Section 4: Decisions, with the exception of the community co-chair election, will be determined by consensus by all members who are present.

c. When consensus cannot be reached, a vote will be considered.

d. When a vote is taken, the decision will be passed with a 2/3 majority.

Section 5: The CPG will keep minutes and other records of all proceedings for the proper conduct of its business.

ARTICLE V – Standing Committees and Work Groups

Section 1: Standing Committees

a. There will be four (4) standing committees:
   1) Executive
   2) Budget
   3) Membership
   4) Effective Interventions

b. Each committee will be comprised of members; one representative from each community (6), all CPG co-chairs (4), and the STD/HIV Prevention Section Supervisor or his/her designee.

c. Members of each community will determine committee representation.

Section 2: Workgroups

a. Workgroups will be comprised of members and non-members based on experience, interest, and expertise.

b. Workgroups are task driven, working until the task is completed and then disbanded.

ARTICLE VI – Roles and Responsibilities

Section 1: The CPG adheres to the requirements stated in the Centers for Disease Control and Prevention (CDC) Guidance for HIV Prevention Community Planning for health departments and CPGs.

ARTICLE VII – Adopting and/or Changing Bylaws

Section 1: New bylaws and/or amendments may be adopted utilizing the established decision-making process (Article IV, Section 4).

These Bylaws were approved at a meeting of the CPG on February 7, 2003.

_____	_____
Signature	Signature
Rick Holman	Amy Kelly
Community Co-chair	Health Department Co-chair

Bylaws Appendix I

COMMUNITY DEFINITIONS (*Listed alphabetically*)

Community representation is the act of serving as a CPG member reflecting the perspective of a specific community. You do not have to be a member of the community but should truly reflect that community's values, norms, and behaviors. You should have expertise in understanding and addressing the specific HIV prevention needs of the community. You must be able to participate as CPG members in objectively weighting the overall priority prevention needs of the community.

High Risk Heterosexuals (HRH)
Definition: Individuals who participate in unprotected oral, vaginal, and anal sex in high-risk situations. These include, but are not limited to, HIV+ partners, females with sexually transmitted diseases (STD); females who have sex with MSM; females who are sex workers (exchange sex for resources, survival or drugs); male and female substance abusers; male and female sexual partners of IDUs; or youth* in high-risk situations.

> CDC Definition: "Youth in high-risk situations are aged 10-24. These youth include, but are not limited to, youth who have run away or are homeless; are not in school and are unemployed; seek treatment for substance abuse, especially for injecting drugs and using crack cocaine; are juvenile offenders; are medically indigent; require mental health services; are in foster homes; are migrants; are gay and lesbians; have had sexually transmitted diseases, especially genital ulcer disease; have been psychologically, physically, or sexually abused; are pregnant; seek counseling and testing for HIV infection; exhibit signs or symptoms of AIDS or HIV infection without alternative diagnosis; barter or sell sex; are in alternative or continuation schools; are in gangs." Montana also considers youth engaging in unprotected sex with multiple partners in this priority population.

HIV Prevention Services Providers
Definition: Individuals who provide or have provided, direct HIV prevention services to at-risk populations defined in the current Montana Comprehensive HIV Prevention Plan.

HIV-Positive Individuals (HIV+)
Definition: Individuals who are infected with the Human Immunodeficiency Virus (HIV).

Injecting Drug Users (IDU)
Definition: Individuals who inject drugs and share the equipment with others

Men Who Have Unprotected Sex With Men (MSM)

Definition: Men who participate in unprotected oral and anal sex with other men in high-risk situations. These include but are not limited to Men Who Have Sex With Men (MSM) who are adults (over age 24); are young (age16-24); are in communities of color; are incarcerated; who are sex workers (exchange sex for resources, survival); who have sex with HIV+ partners.

Native American

Definition: Native American individuals who engage in high-risk behaviors.

Bylaws Appendix II

CPG MEMBERSHIP CRITERIA

Note: The following criteria are considered in assuring broad representation on the CPG. Care will be taken to attempt to balance the representation from each community regarding age, geography, expertise, and life experience.

Communities: (*Five representatives from each*.)

- o High Risk Heterosexuals
- o HIV Prevention Services Providers
- o HIV-Positive Individuals
- o IDU
- o MSM
- o Native American

Age Category:

- o 16-24
- o 25-39
- o 40+

Geography

- o Urban: reside in a county with a population greater than 30,000
- o Rural: reside in a county with a population between 5,000 and 30,000
- o Frontier: reside in a county with a population less than 5,000

Expertise

- o Community-based HIV prevention services
- o Community participation
- o Mental health services
- o Personal Experience
- o Public Health
- o Research and Evaluations
- o Substance use prevention and treatment

Personal Statement briefly addressing the individual's involvement with the identified primary and secondary community and how he/she would interact with that community as a CPG member to carry out the Mission.

APPENDIX B

CONFLICT OF INTEREST DISCLOSURE FORM

CONFLICT OF INTEREST DISCLOSURE FORM

The Montana Community Planning Group (CPG) has members who are professionally or personally affiliated with organizations that have, or may request, or receive funds for HIV prevention activities. Because of the potential for conflict of interest, the CPG has adopted this Disclosure Form, which all CPG members sign. Completed forms are kept on file with the HIV Prevention Planning Coordinator.

The reputation and credibility of the CPG rests on its ability to make fair, objective and impartial decisions. Accordingly, it is essential to avoid situations where a conflict of interest may influence, or appear to influence, the decision-making process. Conflict of interest occurs when:

1. *A member (or a relative or partner, etc.) has a financial interest, or appears to have a financial interest, in the outcome of a decision,*

2. *A member has an affiliation that implies or suggests influence over the outcome of a decision, and*

3. *A member uses threats or coercion to influence the conduct of the CPG.*

GENERAL

From time to time, a member may serve as an officer, staff member, director, trustee, active volunteer or consultant to an organization with a vested interest in the outcome of the decision-making process. Situations may also arise where a member's business or personal interests may be affected by the outcome of a decision. In all such cases, the potential for conflict should be recognized and disclosed, and appropriate steps taken to prevent influence or favoritism by such members in the decision-making process.

DISCLOSURE

Each member is under an obligation to the CPG and to the other CPG members to inform them of any position they and/or a family member and/or household member serve or have served in the past twelve (12) months in a staff, consultant, officer, board member, advisor capacity, and the investment in any business, or any volunteer activities that may result in a possible conflict of interest with the following organizations that received, may seek, and/or are eligible for HIV Prevention funding within the scope of CPG influence. A member should also disclose any activity or interest that may cause bias for or against a particular action or policy being considered by the CPG.

Each member shall sign and file a Disclosure Statement.

Organization: _____
Title: _____ Period of Affiliation: _____

Organization: _____
Title: _____ Period of Affiliation: _____

(Please attach additional pages if necessary.)

CPG Member Name *(Please print)*: _____
Signature: _____ Date: _____
Date Form Received by the Planning Coordinator: _____

APPENDIX C

CERTIFICATION REGARDING CONFIDENTIALITY OF INFORMATION FORM

(07/04)

MONTANA HIV PREVENTION COMMUNITY PLANNING GROUP

CERTIFICATION REGARDING CONFIDENTIALITY OF INFORMATION

All appointed Community Planning Group (CPG) members sign a confidentiality statement acknowledging the confidential nature of some discussions in the community planning process.

I fully understand the confidential nature of some discussions in the community planning process and agree to:

1. Destroy or return all review-related material regarding the member and nominating process.

2. Not to discuss any information regarding the health status of members and advisors in the community planning process.

3. To defer all inquiries made of me concerning official community planning positions to the co-chairs or designated representative of the CPG.

CPG Member Name (*Please Print.):* _____

Signature: _____ Date: _____

Date Certification Received by the Planning Coordinator: _____

Renewal Date: _____

APPENDIX D

MEMBERSHIP APPOINTMENT CONFLICT RESOLUTION PROCEDURE

(Adopted 01/01; Rev.03/03)

HIV PREVENTION COMMUNITY PLANNING GROUP (CPG)

MEMBERSHIP APPOINTMENT CONFLICT RESOLUTION PROCEDURE

PREMISE: The Director of the Department of Public Health and Human Services (DPHHS) appoints members to the Community Planning Group for HIV Prevention (CPG) based on the CPG Membership Committee's selection process and recommendations. The CPG operates as Department Advisory Council as stated in a Memorandum of Understanding.

Procedure for resolving conflicts with the DPHHS Director regarding membership appointments to the CPG:

1. The CPG Membership Committee periodically presents the names of individuals recommended for CPG membership to the Director. Upon the Director's approval, a letter of appointment is sent to the individuals. Approval letters are sent within 30 days of appointment.

2. If the Director has reason for concern about a particular potential appointment, he/she will first discuss this concern with the CPG Planning Coordinator and the DPHHS Co-Chair of the CPG.

3. The Director may choose to interview the potential appointee in person or on the telephone, in an effort to ally concerns about the appropriateness of this appointment.

4. If the Director is unable to resolve the concerns, he/she will prepare a memo to the CPG Planning Coordinator and the Health Department Co-Chair, outlining the reasons that he/she is not inclined to appoint this particular individual to the CPG. This should occur within 30 days of receiving the initial recommendation.

5. The CPG Planning Coordinator and the Health Department Co-Chair will share this information with the CPG Community Co-Chair. The Co-Chairs will decide whether it is necessary to pursue the matter further.

6. Within seven (7) days of the Director's memo, either Co-Chair may decide to call a meeting of the CPG Executive Committee to review the Director's decision.

7. The CPG Executive Committee will review the Director's memo and decide whether it is appropriate to pursue the matter. The Executive Committee may:
    a. Request a meeting with the Director;
    b. Put their concerns in writing to the Director; or
    c. Decide to not pursue the matter further.

8. Within 30 days of either meeting with the Executive Committee or reviewing the Committee's written concerns, the Director will make a final decision regarding the appointment in question. This decision will be communicated, in writing to the CPG Co-Chairs and the potential appointee.

APPENDIX E

INTERNAL MEMBERSHIP CONFLICT RESOLUTION PROCEDURE

(Adopted 01/01; Rev. 03/03)

HIV PREVENTION COMMUNITY PLANNING GROUP

INTERNAL MEMBERSHIP CONFLICT PROCEDURE

PREMISE: The CPG Membership Committee recruits and recommends individuals as CPG members. The Membership Committee tracks the term and all membership criteria to assure parity, inclusion, and representation on the CPG.

Procedure for resolving conflicts resulting from the CPG Membership Committee's action or inaction:

A. The Membership Committee distributes CPG Membership Applications as needed.

B. The Membership Committee Chair notifies all applicants of the status of their applications.

C. An unsuccessful applicant may request a re-review of his/her application if he/she believes any of the following circumstances occurred.

1. The Committee was not fully informed of his/her qualifications

2. The Committee review was not conducted properly. For example, there was not a Committee quorum as stated in the CPG Policy and Procedures Manual.

3. His/Her application was not presented to the Committee.

NOTE: When requesting a re-review of his/her application, the applicant must do so in writing and must specify the reason(s) for the request, and provide any additional information regarding his/her qualifications substantiating the reason(s).

D. Within thirty (30) days of the request, the Membership Committee will re-review the application.

E. At least seven (7) days in advance of the review, the Membership Committee Chair will notify the applicant, in writing, of the date and time of the application review. The applicant does not participate in the review.

F. At least seven (7) days prior to the review, the Membership Committee Chair will provide each Committee member with copies of the written request and all additional information submitted by the applicant.

G. The Membership Committee will review the application and make a decision. Within seven (7) days of the review, the Membership Committee Chair will inform the applicant, in writing, of the decision.

H. If the applicant is not satisfied with the decision based on his/her belief the re-review process was not carried out appropriately, he/she may file a complaint with the CPG Co-Chairs. The complaint must be filed within thirty (30) days of receipt of the decision. The complaint will be considered only if it addresses the selection process. Complaints about specific individuals involved in the process will not be addressed, unless the complaint involves abuse of the process.

I. If the CPG Co-Chairs determine a complaint is valid (the complaint deals with problems in the process), the complaint will be referred to the Executive Committee. Within seven (7) days, the Executive Committee will discuss the situation with the Membership Committee Chair.

J. Within thirty (30) days, the Executive Committee will consider the matter at a scheduled meeting.

K. The Executive Committee will consider the history of the application and the process used to reach the decision. The Committee may choose to interview the applicant and/or members of the Membership Committee.

L. The Executive Committee can take any of the following actions.

1. Refer the matter back to the Membership Committee.
2. Determine that the complaint is not valid and notify the applicant.
3. Determine that the complaint is valid and recommend appropriate changes to the Membership Committee process.

APPENDIX F

MEMBERSHIP ANNOUNCEMENT AND APPLICATION FORM

MONTANA
HIV PREVENTION COMMUNITY PLANNING GROUP (CPG)

MEMBERSHIP ANNOUNCEMENT

PURPOSE OF HIV PREVENTION COMMUNITY PLANNING

The purpose of HIV prevention Community Planning Group (CPG) is to plan! The main product that CPG members create is a comprehensive HIV prevention plan for Montana that best represents the needs of the various communities at risk for, or infected with, HIV. The CPG works in partnership with the Montana Department of Public Health and Human Services (DPHHS) to create the plan. The Centers for Disease Control and Prevention (CDC) is the federal agency responsible for HIV prevention in the United States. The CDC awards funds through its Cooperative Agreement. The CDC provides the Guidance for HIV Prevention Community Planning, which outlines the required plan components, the roles and responsibilities of the state health department, the CPG, and the CDC, and all aspects of community planning. Community planning supports broad-based community participation in HIV prevention planning, identifies priority HIV prevention needs, and ensures that HIV prevention resources target priority populations and interventions.

MISSION STATEMENT

The mission of the HIV Prevention Community Planning Group (CPG) is to reduce the number of Montanans who become HIV positive or re-infected with HIV.

CPG MEMBERSHIP

Montana's HIV Prevention Community Planning Group (CPG) is seeking individuals to become members who will reflect the perspective of a specific community at risk for, or infected with, HIV. Individuals do not have to be a member of the community but should truly reflect that community's values, norms, and behaviors. These individuals should have expertise in understanding and addressing the specific HIV prevention needs of the community. The representative communities are: High Risk Heterosexual, HIV Prevention Services Providers, HIV-Positive, Injection Drug Users (IDU), Men who have sex with Men (MSM), and Native American.

The CPG Membership Committee reviews applications and makes selections based on membership criteria. The names of selected individuals are submitted to the Department of Public Health and Human Services (DPHHS) Director who formalizes the selection by written acknowledgement.

THE ROLE AND RESPONSIBILITIES OF A MEMBER

CPG members shall commit to a three-year term with the option of submitting an application to be considered for additional terms. There will be four (4) meetings each year convened at a central location. Members are encouraged to participate on a standing committee and/or workgroup(s) throughout the year in addition to attending regular CPG meetings.

MEETING REQUIREMENTS

CPG members shall not be absent from more than one meeting per year (unless there are extenuating circumstances).Members are reimbursed at current State rates for expenses (travel, meals, lodging), plus a stipend, for attending meetings. New members receive an orientation to HIV prevention community planning.

- Members of each community select committee representation each year. Periodically, work groups are established to deal with specific short-term projects or issues. The frequency of committee or workgroup meetings is determined by the committee/workgroup.

- Committee/workgroup meetings are usually held via telephone conference calls or in conjunction with CPG meetings whenever possible. Members are reimbursed for face-to-face meeting expenses.

HOW TO APPLY

You can request an application by contacting the HIV Prevention Planning Coordinator at phone: (406) 444-1604 or write to: P O Box 202951, 1400 Broadway, Cogswell Building, Room C-211 Helena, MT 59620. If you have any questions you may direct them to this individual.

All information provided in the application is kept strictly confidential.

- ***DETACH AND MAIL THE FOLLOWING APPLICATION TO:***

HIV Prevention Planning Coordinator
1400 Broadway, Cogswell Building, Room C-211
P O Box 202951
Helena, MT 59620

- ***MARK THE ENVELOPE 'CONFIDENTIAL'.***

MONTANA
HIV PREVENTION COMMUNITY PLANNING GROUP (CPG)

CPG MEMBERSHIP APPLICATION

ALL INFORMATION PROVIDED IN THIS APPLICATION WILL BE KEPT STRICTLY CONFIDENTIAL.

Name of Applicant	
Residential Address	**Residential Phone:**
	Residential FAX and/or E-Mail:

Send correspondence to: Home ☐ Other ☐

COMPLETE EACH OF THE FOLLOWING FIVE SECTIONS

Section I. Community Involvement

Mark the box to indicate your primary and secondary representation. Communities are listed alphabetically. Check one box only in a primary community and one box only in a secondary community.

Primary Community Representation	**Secondary Community Representation**
☐ High Risk Heterosexual	☐ High Risk Heterosexual
☐ HIV Services Providers	☐ HIV Services Providers
☐ HIV-Positive	☐ HIV-Positive
☐ IDU (Injection Drug User)	☐ IDU (Injection Drug User)
☐ MSM	☐ MSM
☐ Native American	☐ Native American

Representation *is the act of serving as a CPG member reflecting the perspective of a specific community. You do not have to be a member of the community but should truly reflect that community's values, norms, and behaviors. You should have expertise in understanding and addressing the specific HIV prevention needs of the community. You must be able to participate in objectively weighting the overall priority prevention needs of the community.*

The following criteria are considered in assuring broad representation on the CPG. Care will be taken to attempt to balance the representation from each community regarding age, geography, expertise, and life experience.

Section II. Geographic Distribution

Mark the box to indicate your county of residence.

☐ Urban: Reside in a county with a population greater than 30,000

☐ Rural: Reside in a county with a population between 5,000 and 30,000

☐ Frontier: Reside in a county with a population less than 5,000

Section III. Expertise/Experience

Mark all boxes that apply. Expertise/experience should directly relate to your selected communities.

☐ **Community-Based HIV Prevention Services**	Includes HIV risk-reduction counseling, partner notification, interventions, peer education, or prevention case management	☐ **PublicHealth**	Includes STD/HIV/TB prevention/treatment, health promotion and disease prevention, or public health administration
☐ **Community Participation**	Includes community organizing, community outreach and education, grass roots activism, volunteer work, religious institution, or advocacy	☐ **Research and Evaluations**	Includes HIV surveillance, epidemiology, research of at-risk populations, HIV prevention program evaluation, behavioral/social sciences
☐ **Mental Health Services**	Includes community-based and hospital-based mental health services	☐ **Substance Use Prevention and Treatment**	Includes drug and alcohol abuse prevention and treatment, or harm reduction/recovery readiness
☐ **Personal Experience**	LWHA, partner, relative, MSM, IDU, alcohol/substance abuse, sex worker, etc.		

Section IV. Demographic: Age

Mark the box to indicate your age category.

- ☐ 16-24
- ☐ 25-39
- ☐ 40 +

Section V. Personal Identification

Briefly describe your personal experience/involvement as indicated in Section III, in your identified primary and secondary community as it relates to planning. Include specific examples of how you can interact with your community as a CPG member. You may attach additional pages if needed.

_____

_____

_____

_____

_____

_____

DIRECT QUESTIONS AND/OR MAIL APPLICATION TO:

HIV Prevention Planning Coordinator
1400 Broadway, Cogswell Bldg. Room C-211
P O Box 202951
Helena, MT 59620
Phone: (406) 444-1604

MARK THE ENVELOPE 'CONFIDENTIAL'.

APPENDIX G

SAMPLE EXIT INTERVIEW QUESTIONS

SAMPLE EXIT INTERVIEW QUESTIONS

The following questions may be used by CPG co-chairs for interviewing CPG members who have resigned. The co-chairs will conduct the exit interview over the phone or in person. The Community Planning Coordinator will document the interview.

1) Under what conditions would you have continued as a CPG member?

2) What strengths do you see pertaining to the CPG and the HIV prevention planning process?

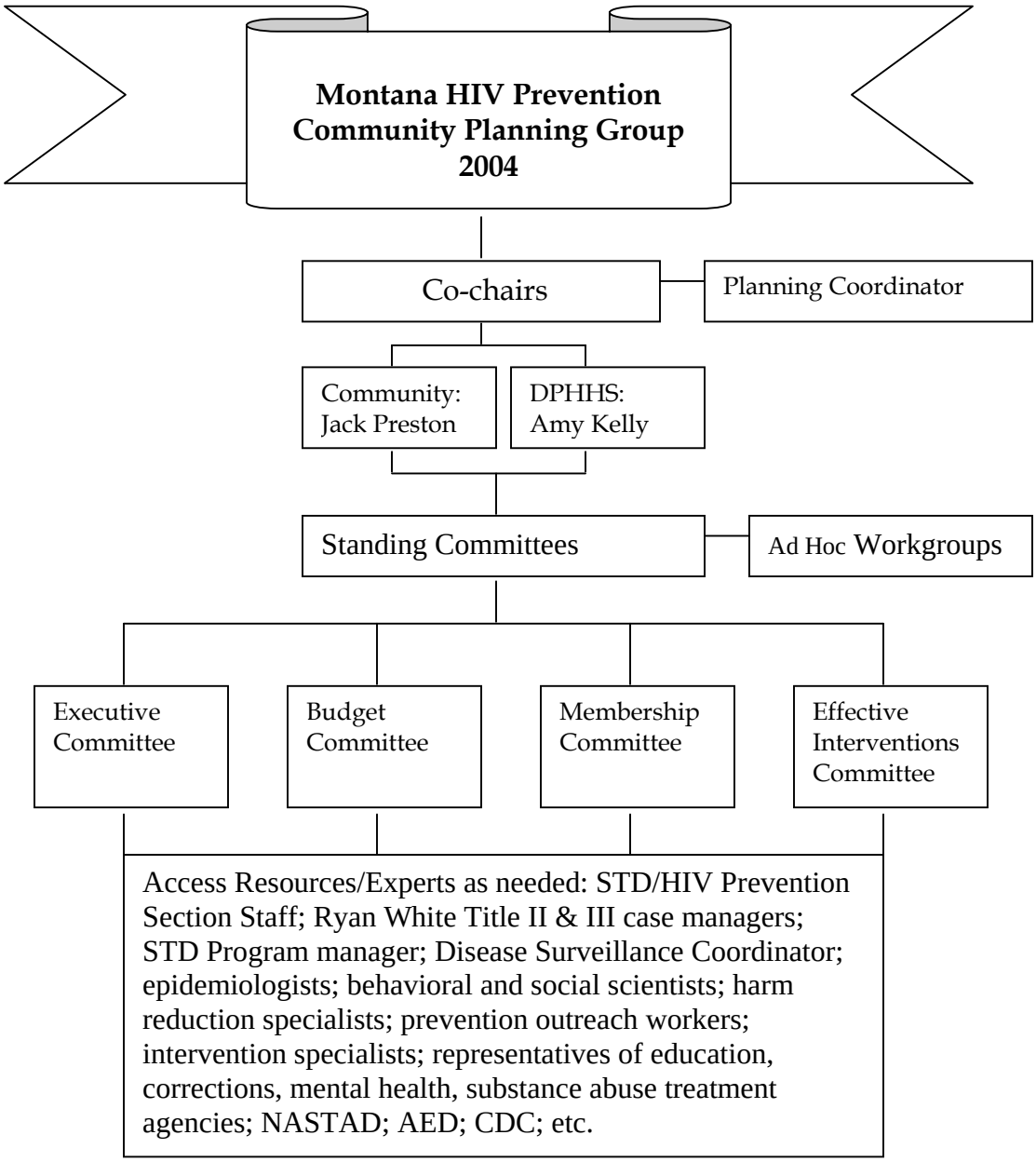
3) What did you like most/least about your experience?

4) What suggestions, if any, would you have to improve the CPG?

5) Other comments?

APPENDIX H

ORGANIZATION CHART


Montana HIV Prevention Community Planning Group 2004
Co-chairs
Planning Coordinator
Community: Jack Preston
DPHHS: Amy Kelly
Standing Committees
Ad Hoc Workgroups
Executive Committee
Budget Committee
Membership Committee
Effective Interventions Committee
Access Resources/Experts as needed: STD/HIV Prevention Section Staff; Ryan White Title II & III case managers; STD Program manager; Disease Surveillance Coordinator; epidemiologists; behavioral and social scientists; harm reduction specialists; prevention outreach workers; intervention specialists; representatives of education, corrections, mental health, substance abuse treatment agencies; NASTAD; AED; CDC; etc.

APPENDIX I

ACRONYMS

HIV PREVENTION COMMUNITY PLANNING

ACRONYMS

ADAP	AIDS Drug Assistance Program (Ryan White Title II)
AED	Academy of Educational Development, Washington DC
CBO	Community Based Organization
CDC	The Centers for Disease Control and Prevention, Atlanta, GA
CPG	Community Planning Group
CSA	Community Services Assessment
CTR	Counseling, Testing & Referral Services
DPHHS	MT Department of Public Health and Human Services
EIP	Early Intervention Program (Title II/III)
EPI	Epidemiological Profile of HIV In Montana
FSR	Final Status Report (fiscal) to CDC
GLI	Group Level Intervention (Type of Activity)
GMTF	Gay Men's Task Force
HCV	Hepatitis C Virus
HE/RR	Health Education/Risk Reduction (Intervention Category)
HIV	Human Immunodeficiency Virus
HIV SAFE	HIV Prevention Statewide Activities For Evaluation System
HPS	HIV Prevention Site
HRSA	Health Resources Services Administration; Ryan White Care Act
IDU	Injection Drug User (target population)
IHS	Indian Health Service
ILI	Individual Level Intervention (Type of Activity)
MMWR	Morbidity and Mortality Weekly Report (from CDC)
MSM	Men Who Have Sex With Men (target population)
MTAP	Montana Targeted Prevention Program
NAPWA	National Association of Persons Living with HIV/AIDS
NASTAD	National Association of State & Territorial AIDS Directors
NMAC	National Minority AIDS Council, Washington DC
NPIN	National Prevention Intervention Network
OPI	Office of Public Instruction, State of Montana
PCM	Preventive Case Management (Intervention Category)
PCRS	Partner Counseling and Referral Services
PIR	Parity, Inclusion and Representation (CPG Membership Composition)
PLWA	People Living With AIDS
PSE	Public Sex Environment
RFP	Request for Proposals (For contracted services providers)
SAFE	Statewide Activities For Evaluation System
SPC	Statewide Planning Committee (Ryan White Title II)
STD	Sexually Transmitted Diseases
TA	Technical Assistance
YRBS	Youth Risk Behavior Survey

APPENDIX J

GLOSSARY

HIV Prevention Glossary

Accountability: A framework that has been created to determine how a group and its members will be responsive and responsible to itself and the community as it carries out its mission.

Advocacy: Representation of the needs of a particular community. This can involve education of health and social service providers, local policy makers, elected officials and the media.

AIDS: Acquired Immunodeficiency Syndrome; clinical definition of illnesses caused by HIV: A CD4 count less than or equal to 200, or one or more diagnosed opportunistic infections.

Anonymous: As in anonymous testing, an individual's identifying information is not linked to testing information.

Antibodies: Proteins made in the blood that identify foreign particles and stimulate an immune response.

Antigen: any substance that provokes an immune response when introduced into the body, viruses and bacteria.

At-Risk Population: Specific group of people who have a greater chance of becoming HIV-infected due to behaviors or actions common to the group (i.e., injection drug users, men who have sex with men).

Behavioral Risk Factor Surveillance System (BRFSS): A telephone survey conducted by nearly all states that provides information about a variety of health risk behaviors, from smoking and alcohol use to seat belt use and knowledge of HIV transmission.

Behavioral Science: A science, such as psychology or sociology, that seeks to survey and predict responses (behaviors and actions) of individuals or groups of people to a given situation, i.e. why people do what they do.

Behavioral bisexual: Describing a person who has sex with male and female partners, but who may self-identify as heterosexual.

Bylaws: Standing rules written by a group to govern their internal function. Bylaws address issues of voting, quorums, attendance, etc.

Capacity Development: Building the abilities and knowledge of individuals or groups so that they may fully participate in a process or organization.

CBO: Community-based organization, a structured group offering services to specific groups of people in a defined area. These groups may include minority groups, housing for the homeless, and AIDS service organizations.

CDC: The Centers for Disease Control and Prevention; this is the federal agency responsible for tracking diseases that endanger public health, such as HIV and tuberculosis.

CD4 (or T4): A type of white cell that oversees the action of the immune system and is the main target of HIV. Also called a helper T-cell.

Chlamydia: The most common bacterial sexually transmitted infection.

Co-Chairs: Person(s) assigned by the State Health Department or elected by planning groups who are responsible for organizing, convening, and leading the HIV community prevention planning groups.

Coalition: An alliance of community groups, organizations or individuals to meet a goal or purpose.

Collaboration: A group of people or organizations working together to solve a problem in a process where individual views are shared and discussed and may be changed as the group progresses toward its goals.

Community: A group of people limit who share a common language, ethnicity, geographic area, behavior or belief.

Community Planning Groups (CPGs): groups responsible for conducting HIV Prevention Community Planning; CPGs are composed of community representatives, scientist and other technical experts, non-governmental organizations, and departments of health, education, corrections, substance abuse prevention, mental health treatment, etc.

Community Prevention Planning: An ongoing process in which state and local health departments share responsibility for developing a prevention plan with other governments and nongovernmental agencies and representatives of the community.

Comprehensive HIV Community Prevention Plan: The result of the Community HIV prevention planning process, this is a plan that has taken 'into account many different points of view and perspectives in order to provide the most effective prevention efforts within a specific area.

Confidential HIV testing: a person is tested for HIV and gives his or her name; specimens are marked with a code number, but can be linked to a name.

Conflict of Interest: A conflict between one's obligation to the public good and one's self-interest; for example, if the board of a community-based organization is deciding whether to receive services from Company A and one of the board members also owns stock in Company A, that person would have a conflict of interest.

Cost Effective: Economical and beneficial in terms of the goods or services received for the money spent.

Counseling and Testing: The voluntary process of client-centered, interactive information sharing in which an individual is made aware of the basic information about HIV/AIDS, testing procedure, how to prevent the transmission and acquisition of HIV infection, and given tailored support on how to adapt this information to their life.

Diverse / Diversity: Made up of all kinds; having a variety of people, perspectives, etc. in one organization, process, etc.

Efficacy: Power or capacity to produce a desired effect. If a prevention program has efficacy, it has been successful in achieving what it was intended to do.

Epidemic: A disease that has spread rapidly among a large number of people within a short period of time.

Epidemiological Profile: a description of the current status, and impact of an infection diseases or other health-related condition in a specified geographic area.

Epidemiology: The study of epidemics and epidemic diseases such as HIV and tuberculosis; in prevention planning, this epidemiological information shows us which populations, age groups, ethnic groups, etc., are affected by HIV in a defined area.

Ethnicity: A group of people who share the same place of origin, language, race, behaviors, or beliefs.
Evaluation Goal: A broad statement about the purpose of the evaluation; what will be gained by conducting an evaluation of the community planning process.

Evidence-Based: In prevention planning, based on evidence that is collected from scientific data, such as reporting of AIDS cases to health departments and needs assessments conducted in a scientific manner.

Focus Group: An open-ended discussion and interview process to determine attitudes and opinions and to test new ideas among a small number of people who share common knowledge of the subject being discussed.

Forum: A meeting or other outlet that provides an opportunity to share ideas and concerns a particular topic in order to resolve disputes.

Gonorrhea: a bacterium, which is the principal cause for sexually transmitted disease in males and females. In both sexes it can cause skin lesions, arthritis and rarely meningitis or endocarditis.

Grant: The money received from an outside group for a specific program or purpose. Applying for a grant is a competitive process that involves detailed explanations of why there is a need for the money and how it will be spent.

Grantee: The person or group receiving funds from an outside source. Term referring to state and local health departments that have received money from the CDC for prevention planning in their areas.

Grassroots: Social groups at a local level rather than at the center of a major political activity or area, referring to locally based community members being the actively involved in program activities.

Guidance: The CDC document which gives information about Community Planning.

Guidelines: Rules and structures for creating a program.

Harm Reduction: Behavior changes that reduce the chance of hurting one's self or another person; making changes in action to improve health and well being.

Hepatitis C Virus (HCV): A form of viral hepatitis, previously referred to as non A non-B hepatitis, has been the most common form of blood transfusion acquired hepatitis. Transmission though sexual contact is considered much less common exposure to blood exposure. Rick factors include recent blood transfusion, IV drug abuse or occupational exposure to blood products. There is no specific treatment. There is a test for hepatitis C antibody that indicates prior exposure.

High-Risk Behavior: Actions or choices that may allow HIV to pass from one person to another, especially through such activities as sexual intercourse and injecting drug use.

Hepatitis B Virus (HBV): A form of viral hepatitis, or inflammation of the liver, caused by an infectious agent called the Hepatitis B Virus (HBV). HBC may by transmitted through contact with infected body fluids, including blood, saliva, seminal fluid, vaginal secretions, and breast milk.

HIV (Human Immunodeficiency Virus): a type of retrovirus that is responsible for acquiring immunodeficiency syndrome. Two closely related species have been identified.

Type 1: the predominant retrovirus recognized as the agent that induces AIDS.
Type 2: a virus closely related to HIV-1 that also leads to immune suppression. HIV-2 is not as virulent as HIV-1 and is epidemic only in West Africa.

HIV Prevention Community Planning: A program in which people from at-risk populations and those who are HIV-infected meet with scientists and other professionals in order to decide on the most effective HIV prevention programs and methods for stopping the spread of HIV in their area.

HIV-Related Mortality Data: Statistics that represent deaths caused by HIV infection.

HIV Seroprevalence Data: Statistics that measure the level of HIV infection among selected populations that have been targeted for surveys.

HRSA / Health Resources Service Administration: A federal agency responsible for overseeing the Ryan White CARE Act.

IDU: Injecting drug user; intravenous drug user; term used to refer to people who inject drugs directly into their bloodstream by using a needle and syringe.

Immune System: The body's defense system against disease and infection.

Inclusion: An assurance that all affected populations are represented in the community planning process.

Intercourse: Intimate sexual contact between the penis and vagina or anus, or the mouth and sex organs.

Intervention: An activity whose objective is to change or avert high-risk behavior that may result in HIV infection.

Jurisdiction: An area or region that is within the responsibilities of a particular government agency; in prevention planning, this term usually refers to an area whose HIV prevention activities are monitored and managed by a state or local health.

Letter of Concurrence: A part of a grantee's application to the CDC. This letter states that the planning group agrees with the prevention programs outlined in the grant application. This letter will explain how the planning group created their HIV prevention plan.

Letter of Justification: A part of a grantee's application to the CDC. If the planning group does not agree with the prevention plan in the health department grant application, the health department must explain why they want a different plan in a letter of justification.

Letter of Non-Concurrence: A part of a grantee's application to the CDC. If a planning group does not agree with the health department's prevention plan in the grant application, the group must include a letter explaining why members disagree with the plan.

Mandate: A directive, or command, which can be used to refer to, a call for change as authorized by a government agency.

Measurable Objective: An intended goal that can be proved or evaluated.

MSM: Men who have unprotected sex with men. Men who report sexual contact with other men (i.e., homosexual contact) or men who report sexual contact with both men and women (i.e., bisexual contact).

MSM/UDU: Men who report both sexual contacts with other men and injection drug use.

Name/ Reporting: A law in effect which requires health departments to use a person's name when reporting their HIV status or disease condition to the CDC and other agencies.

Needle Exchange: A prevention program in which injection drug users can get clean needles by turning in their used needles. Such programs may include education in MV risk reduction and rehabilitation opportunities.

Needs Assessment: The process of obtaining and analyzing findings about community needs. Needs assessments may use several methods of information and data collection to determine the type and extent of unmet needs in a particular population or community. For example, a needs assessment may use personal interviews or questionnaires with a diverse group of community members in order to find out what they know about protecting themselves from HIV infection.

Networking: Establishing links among agencies and individuals that may not have existed previously; also strengthening links that are used infrequently. Working relationships can be established to share information and resources on MV prevention and other areas.

NIH / National Institutes of Health: A division of the federal Health and Human Services agency which conducts medical research and offers the AIDS Clinical Trials program.

OAR / Office of AIDS Research: A division of the National Institutes of Health (NIH), which is dedicated to studies of HIV and its related diseases.

Opportunistic Infection: An infection or disease that occurs due to the inability of the immune system to fight off bacteria, viruses and microbes.

Outcome Evaluation: Evidence of whether a prevention intervention has resulted in the intended short-term effects.

Outcome Objectives: Specific desired outcomes of a prevention intervention.

Pandemic: An epidemic that occurs in a large area or globally as with HIV and AIDS.

Parity: A situation in which all members have equal voice, vote and input in a decision making process.

Partner Notification: Law requiring, or program encouraging, people who test positive for HIV to give the health department the names of partners with whom they have engaged in high risk activities (sexual, needle sharing) so that the health department can notify these individuals that they may have been exposed to HIV.

PHS/Public Health Service: This federal agency addresses all issues of public health in the United States (the CDC is part of the Public Health -Service).

PIR: Parity, inclusion and representation.

Planning Process: Steps taken and methods used to gather information, interpret it, and produce a plan for rational decision-making.

Prevalence: the proportion of individuals in given population who have a particular disease at a point or interval of time.

Prevention Program: A group of interventions designed for reduction of disease among individuals whose behavior, environment or genetic history places them at high risk for exposures

Prevention Services: Interventions, programs and structures designed to change behaviors that lead to HIV infection.

Primary Prevention: Interventions and education which is intended to help people stop behaviors that may lead to their becoming infected with HIV, may include condom education, counseling that reduces' the number of sex partners, HIV antibody testing/counseling, or needle exchange programs and drug abuse counseling.

Prioritize: A process of deciding which program or items are most important, with a given set of criteria. In prevention planning, this refers to helping the greatest number of people in need who are at the greatest risk for HIV infection, with the most effective programs available.

Process: The method used in undertaking a project; different groups think about and act upon projects and tasks differently and may use diverse decision-making styles, timeframes and methods.

Process Evaluation: Documentation that a particular prevention intervention has been carried out.

Process Objectives: Specific activities involved in the implementation of a program in order to produce the desired results.

Program Announcement: The CDC mandate in which the agency awards grants to state and local health departments to fund HIV prevention programs.

Program Goal: A broad statement about the ultimate purpose of a program.

PWA/PLWA: Person with AIDS; person living with AIDS.

Quantifiable: Referring to the ability to measure; if an action or program has an outcome that can be measured in terms of numbers or statistics, it is quantifiable.

Representation: Assurance that members of a planning group who represent a portion of the affected community actually share that community's values, norms and behaviors.

Risk behavior: behavior that places a person at risk for disease; for HIV/AIDS, includes such factor as sharing of injection drug use equipment, unprotected male-to-male sexual contact, commercial sex work without the use of condoms. Risk factor includes non-behavioral elements.

Ryan White CARE Act: Congress passed The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1990; it provided us with the first federal funding levels for HIV/AIDS care.

Secondary Prevention: Prevention programs that serve the, needs of people infected with HIV, informing them about how they can protect their health and prevent the further spread of the virus.

Sero-Incidence: A statistical term that refers to the number or rate of new HIVV or AIDS cases in a particular period of time (one year, five years, etc.).

Sero-Prevalence: A statistical term referring to the long-term rate or percentage of people infected with HIV or- diagnosed with AIDS in a defined population.

Sexually-Transmitted Disease / STD: A disease that is spread through intimate sexual contact, such as HIV, herpes, syphilis, gonorrhea.

Social Science: The study of individuals and groups, their behaviors and actions in relationship to society.

Stakeholders: Those individuals/groups who have a major interest and involvement in a process; participants in the community planning process.

Surveillance: Statistics representing people with HIV or AIDS in a given area that are reported to the CDC from public health officials who collect them from testing sites, treatment facilities and other groups, and analyze them to produce a fun picture of trends in the epidemic in the states and throughout the nation.

Syndrome: A group of signs or symptoms that indicate a specific disease.

Syphilis: a contagious disease that can be spread sexually or from infected mother to her child causes by the organism Treponema pallidum. Also known as lues and “bad blood”.

Target Populations: Groups of people who are the focus of HIV prevention efforts due to high rates of HIV infection among those groups; they are defined by using CDC AIDS surveillance data broken down by ethnicity, gender, sexual orientation and other factors.

Technical Assistance: Training and skills development which allows people and groups to do their jobs better; this includes education and knowledge development in areas that range from leadership and communications to creating an effective needs assessment tool and understanding statistical data.

Transgender: a general term for any person who adopts a gender identity that does not strictly identify with their biological sex (i.e.. biological male who identifies as a woman, or vice-versa). The term transgender includes biological males who live their entire lives as women and biological females who live their entire lives as men whether or not they have had sur5gical procedures to alter the appearance of their genitalia. The term also refers to individuals who either publicly or privately cross-dress (dress in clothing traditionally worn by another gender), and those who are intersexes (born with ambiguous genitalia and/or sex chromosome)

Viral Load: The number of viral particles (usually HIV) in a sample of blood plasma. HIV viral load is increasingly employed as a surrogate marker for disease progression. It is measured by PCR and bDNA tests and is expressed in number of HIV copies or equivalents per milliliter.

Youth Risk Behavior Surveillance System (YRBSS): National, state and local school-based surveys of adolescents addressing health issues that in elude drug use and sexual behavior.

APPENDIX K

GROUND RULES

(04/03)(Updated 8/30/04)

HIV Prevention Community Planning Group

Ground Rules

All members will –

- Honor the mission and remember that we are here for the community we serve.

- Stay focused on the task and demonstrate facilitative behaviors that help others stay on task.

- Demonstrate respect for each other by:

    - Listening actively and honorably.
    - Not interrupting the group with side conversations.
    - Using "I" statements.
    - Turning off cell phones.

- Address issues rather than personalities; don't take it personally and don't give it personally.

- Avoid assumptions – when it's unclear, ask.

- Don't let assumptions about a member or a Community get in the way of the "whole picture".

- Avoid judgments and learn from diversity.

- Get to the point." Speak when it's necessary and not be repetitive – be aware of group time and your communication style and behaviors.

- Honor the spirit of confidentiality by:

    - Only speaking for yourself and your community and about yourself and your community.
    - "Keeping it" in the group.
    - Honoring the reputation of others in all our comments and avoiding personalizing.
    - Agreeing on what can be shared from each meeting.

- State appointed CPG members shall conduct themselves in a manner that reflects positively upon the CPG.

APPENDIX L

Member Travel Assistance Policy

Community Member Travel Assistance Policy

1. FDH & Associates and Yellowstone AIDS Project (YAP) will be the two sites that will assist community-planning members with travel advances.

2. Members will need to contact the agency in their area two-weeks prior to travel. FDH & Associates (406) 829-8075 and YAP (406) 245-2029.

3. The Agency will work with the client to cover travel, meal and lodging expenses (*Only if hotel and meals are **not** covered during the meeting*). The total advance is not to exceed the state reimbursement rate.

Reimbursement Rates:

Hotel - May 15 through Oct 15 $55 a night
Oct 16 through May 14 $35 a night

The member will need the Original receipt with zero balance attached to the travel worksheet.

Meals – Members will need to be in travel status for a minimum of 3 hour from time they leave home to the time they return.
$5 breakfast if they leave before 7:00 am
$6 lunch if they leave before 12:00 noon
$12 for dinner if they return after 6:00 pm

Mileage - .375/ mile (if person is wanting a bus ticket or plan ticket that exceeds the mileage reimbursement the agency will need to obtain prior approval from the STD/HIV Prevention Section).

4. Members will complete the **TRAVEL EXPENSE WORKSHEET** and attach their hotel receipt and return it to the to state staff at the meeting.

5. The agency will send the invoice to the STD/HIV Prevention Section for payment including a $10 administration fee per client they assist.